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ABSTRACT

To meet the needs of emotionally disturbed children, a residential program was planned to provide re-education for such children and training for the teaching staff. A model school served 40 children, aged 6 through 12, in five groups, each having a team of two teacher counselors and a liaison teacher backed by consultants. Teacher and parent ratings 18 months after discharge indicated moderate or great improvement for 80% of the children; additional ratings also indicated improvement. The project process, experience, cost, and manpower development program were considered as well. (JD)

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Project Re-ED

New Concepts for Helping Emotionally Disturbed Children

Evaluation
by a
Panel of Visitors

Eli M. Bower, Ed. D.
Reginald S. Lourie, M. D.
Charles R. Strother, Ph. D.
Robert L. Sutherland, Ph. D.

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With a Foreword by
Nicholas Hobbs, Ph. D.

U.S. DEPARTMENT OF HEALTH, EDUCATION & WELFARE
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1969

Foreword

A grant from the National Institute of Mental Health (MH 929) made it possible for us to try to design and develop a new kind of institution to help emotionally disturbed children. Peabody College and the states of Tennessee and North Carolina sponsored the effort in a program that got underway in 1961.

At the outset we were concerned with the problems of money and manpower; the lack of both meant the neglect and even the abuse of emotionally disturbed children. We believe, today, that we have shown that many emotionally disturbed children, who would otherwise get little or no help, can be restored to home and school and community in a relatively short period of time at a reasonable cost and with manpower drawn from an abundant supply of competent, admirable people. Indeed, we have come to believe (with hard data available now to support our confidence) that the principles of re-education are sufficiently basic and sufficiently sound to provide the foundation for a range of programs for disturbed children – in public schools, in day care centers, in hospitals, as well as in residential schools of the Re-ED type.

Two Re-ED schools (Cumberland House and Wright School) have been in operation since 1962 providing help to more than 500 moderately to severely disturbed children. The schools have passed several crucial tests: the statistical tests of psychologists, the test of survival after termination of federal funding, the official adoption by the legislatures of two states, and, most important of all, the strong support of families served. They have also passed another crucial test: the ability to propagate. Three "second generation" Re-ED schools have been started in Tennessee, one on the grounds of a state hospital, one a part of the psychiatric hospital in a medical school, and one, a

new departure in programming, a residential high school for adolescent boys and girls. And from over the country there is evidence that the underlying concepts of Project Re-ED are having a strong influence on established programs for emotionally disturbed children.

This booklet presents a report of a Panel of Visitors who have been our best friends and severest critics from the start. The idea of asking four men to watch closely the development of the Project and to assert, finally, their appraisal of it is a simple one: statistical results, however favorable, seldom determine the fate of social institutions. What is most important in assessing a new idea is the evaluation of informed, competent, professional observers, whose judgment is respected by their professional colleagues and by the decision-makers of society.

We could not have been more fortunate than to have serve in this capacity, as a Panel of Visitors, Eli M. Bower, Reginald S. Lourie, Charles R. Strother, and Robert L. Sutherland. We are deeply grateful to them. We hope and believe that the chief beneficiaries of their concern will be the emotionally disturbed children of America.

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Report of the Panel of Visitors

Introduction

This is a report of a Panel of Visitors who did not heed Poor Richard's advice. Visits, Richard cautioned, should be short like a winter's day. Our visits have covered a period of six years without, we hope, affronting our hosts or overstaying our welcome. Our visits were made to monitor the birth, the growth, the problems and possibilities of a research-demonstration-training project for the treatment and rehabilitation of emotionally disturbed children called Project Re-ED. While visitors are not ordinarily called upon to comment on the state of a host's home or how he raises and disciplines his children, this group of visitors came specifically for this purpose.

The staff and the principal investigator of a research project should have unbounded faith and enthusiasm for what they hope to accomplish, but they should at the same time provide mechanisms to correct, balance, or support any judgments about the effectiveness and results of the project. We were one of the mechanisms by which Project Re-ED hoped to get a more objective look at itself. During our periodic visits the Re-ED staff at the two schools shared their doubts, confusions, and anxieties with us, and they faced up to our hard-nosed confrontations about what they were doing. There was no attempt to make our visits pleasant encounters with carefully selected aspects of the Project. In time we all came to know what was being

done, what might be done, and what could not be done. Our interactions with the staff, the consultants, and the children gave us an inside view that outsiders would have difficulty obtaining. In all of this we were, we think, able to maintain our cool objectivity and pile up a number of professional observations and impressions which we discussed with each other from time to time.

We all felt that Project Re-ED was an undertaking important and significant to mental health, to education, and to emotionally disturbed children. We would admit that all of us wanted to see the Project succeed as much as the staff did. We did, however, accept our assignment as evaluators with the knowledge that the success of Re-ED must be real and not supported solely by the emotional involvement of staff in helping cherubic, sad, or tearful children. We accepted the passion of involvement, with the agreement among ourselves, and with Re-ED staff, to be dispassionate observers in a cold, critical, and challenging manner.

This report is an attempt to bring together our experiences as a Panel of Visitors to Project Re-ED. Most of our visits were made independently. We did, however, share our concerns, impressions and recommendations with each other in face-to-face meetings, by telephone, and through written communications. This is what we think collectively about Project Re-ED – its problems, its possibilities, and its future.

Although much has been written about Re-ED in professional and non-professional periodicals and books, a brief summary of why and how the Project came into being might be helpful to those unfamiliar with its history. In addition, it might help in understanding some of our findings and recommendations to keep in mind what problems in our society Project Re-ED was trying to solve.

The Why of Project Re-Ed

Project Re-ED was born of a critical need in our society, the burden of which has fallen on families, schools, and mental health agencies. This problem is the emotionally disturbed child. Recent surveys by the NIMH Office of Biometry reveal that both the first admission rates and resident population rates for children in public and private mental hospitals have increased markedly. For example, boys between the ages of 10 and 14 have doubled in population since 1950, yet their rate of admission to mental institutions in this age group has increased sixfold. Projections by NIMH for the decade 1963-73 suggest that the number of children aged 10-14 in mental hospitals will increase 116 per cent although the total number of children in this age range will increase by only 15 per cent. The meaning of these data may not be obvious or clear; but since mental hospital populations are declining, they suggest a combination of forces affecting emotionally disturbed children and their families which cannot be managed – at the present time – by any means other than hospitalization.

Mental hospitals for children have worked valiantly but have the same difficulty as public mental hospitals for adults; they have not been able to obtain adequate treatment and staff resources. Because of a lack of trained child specialists, many institutions have treatment objectives which see disturbed children as miniature disturbed adults and produce programs which fit this conceptual mold. It is also distressing that services to such children and their families are limited by professional boundaries, lack of, or in some cases overlapping, services, and institutional and community practices which have been frozen in place by time and inertia.

Standing on another peak in Darien, we note significant social changes in the two basic humanizing institutions, the home and the school, with respect to children and especially to children with problems. In today's world, families are pretty much alone in attempting to deal with disturbed children. The increased privacy and self-sufficiency of the family have given parents little help from close adults such as grandparents or other kinfolk. In addition, there is little elbow room for the average active child in an increasingly urban world. For an emotionally disturbed child opportunities to grow – to avoid friction, injury to self or others – become increasingly limited.

In regular school most emotionally disturbed children are unable to behave in a way which enables them to learn. Consequently they disturb others. The school as a primary institution has had to face the fact that approximately ten per cent of the children in school are emotionally disturbed within a range of mild to serious. Like the family, the school cannot refuse to become involved with the disturbed and disturbing child. The child is by law mandated to this institution for an average of twelve years. Professional educators and parents are well aware of the consequences for children of an inadequate education. Learning is the basic business of children; to a child a failure in school is a failure in living.

Emotionally disturbed and disturbing children are thorns in the teacher's flesh and conscience. Education is a process which after all requires the consent and cooperation of the student. Teachers are often troubled by their failure to educate disturbed children, and their principals and superintendents worry about the impact of such children on the education of others. As

a result many of the larger states have developed special education programs for disturbed children who can attend school. Resources for disturbed children who may need a residential or boarding school setting are, however, extremely limited.

Federal and state agencies which work with programs for emotionally disturbed children are well aware of the often pitiful and frustrating attempts by parents to find residential schools for their emotionally disturbed children. It is estimated that one in 2000 children (approximately 25,000) is in need of full-time care, but only about 50 recognize residential treatment centers are adequately prepared to serve them. The services of such centers are limited by the costs – about $10,000 per child per year – and a great shortage of professional mental health manpower.

The How of Re-ED

For these and other reasons new institutional and conceptual possibilities have been sought. One of the seekers is Nicholas Hobbs, who wanted to create a residential program which (a) would be effective in the rehabilitation and treatment of emotionally disturbed children, (b) would be within economic reach of fam-

ilies and communities which needed such services, and (c) could tap and develop a source of professional manpower which would allow the program, if successful, to become a reality in other communities. Hobbs and his colleagues wanted to initiate a program which, if successful, could be replicated for other states and communities. Working in collaboration with the Southern Regional Education Board, he went to see interested professional and lay persons in Tennessee, Kentucky, Georgia and North Carolina. When the dust cleared, Hobbs found that Tennessee and North Carolina were best able to undertake the program. These two states, represented by their departments of mental health, joined with Peabody College and the National Institute of Mental Health to give Project Re-ED life. Cumberland House in Nashville received its first students in November, 1962, and Wright School in Durham, North Carolina, in January, 1963. At the same time a training program for the key workers in the program, the teacher-counselors, was instituted at Peabody. The program for the teacher-counselors included nine months of training at Peabody, with practicum experiences and non-smothering supervision and consultation during the job experience.

What the Peabody group finally created with the help of the cooperating states was a demonstration project utilizing a re-education concept for helping disturbed children, a training program to obtain competent staff for the school, and a research plan for evaluating the effect of the program on children and their families.

Influences shaping Project Re-ED are too various for accurate designation but the following are certainly important. Robert Lafon and Henri Joubrel of

France introduced the staff to the idea of the *educateur* and the small, residential school. Catherine McCallum in Scotland provided the example of the "educational psychologist" trained on the job to work with disturbed children. Campbell Loughmiller's ideas on camping for disturbed boys profoundly altered the character of Re-ED, as did the Peace Corps and the Outward Bound Schools of England. The intellectual heritage of Dewey, Rogers, Wolpe, Skinner, and Barker (all together!) is apparent in the program.

Re-ED has been (and is now being) invented by many people. William C. Rhodes helped define its underlying assumptions, especially the emphasis on ecological systems. Wilbert W. Lewis clarified the process of programming for individual children and shaped the teacher-counselor training program. Lloyd M. Dunn, Matthew J. Trippe, Wayne C. Richard, each has made distinctive contributions. Laura Weinstein has directed an extensive research program evaluating outcomes.

The Southern Regional Education Board, the staff of the National Institute of Mental Health, the National Advisory Commission for Project Re-ED, and the consulting staffs of the schools have provided a framework in which the Project could develop, and ideas too numerous to mention. In many ways the most crucial commitments were made by the Commissioners of Mental Health of the participating states, Joseph J. Baker and Nat Winston of Tennessee, and Eugene A. Hargrove of North Carolina, whose confidence has inspired the efforts of all.

But the most creative work has been done by the people on the job, the principals James W. Cleary, John R. Ball, Nelle D. Wheeler, Neal C. Buchanan,

Richard S. Yell, Louis P. Semrau, G. Ronald Neufeld, and Charles W. McDonald (now Director of Re-education Programs for the State of Tennessee) and most of all, by the teacher-counselors and liaison teachers, who invent Re-ED every day in their work.

The What of Re-ED

After seven years of trial, error, and success at Cumberland House and Wright School, relatively stable patterns of organization and operation have emerged, making it possible today to describe a model Re-ED school. A school serves 40 children, ages 6 through 12, with about four times as many boys as girls.* Parents, pediatricians, teachers, psychiatrists, psychologists, and social workers refer the children, who are usually evaluated at a mental health center for appropriate placement. There are five groups of eight children each. A team composed of two teacher-counselors and a liason teacher is responsible for each group. The teacher-counselors plan and carry out, with the part-time assistance of college student aides, an intensive 24-hour, five-day-a-week program. The liaison teacher, the third member of the team, prepares for the child's admission; maintains constant communication with his home, school, and community to mobilize resources in his interest; paves the way for his early return to home or school; and follows up after discharge to make sure all goes well.

* The Re-ED plan has now been extended to the adolescent years at Pine Breeze Adolescent Re-Education Center.

One teacher-counselor is responsible for the day program, which emphasizes school skills, because these normal-to-bright disturbed children are often academically retarded. The other teacher-counselor is responsible for the afternoon and evening program, a period rich in interesting activities. Children go home every weekend to prevent the alienation which often accompanies residential care, and to provide child and family a weekly opportunity to practice new resolves and new learnings about living together.

The teacher-counselors have central responsibility for the program of their group; they are the prime mediators of the child's new learning, of trust, competence, self-esteem, and joy. Consultants from psychiatry, pediatrics, social work, education, and psychology back up the teacher-counselors in a pattern that multiplies the effectiveness of these highly trained specialists. A school is directed by an educator, usually an experienced teacher-counselor.

The Re-ED Process and Experience

One goal of the Panel of Visitors was to obtain data on the content of the Re-ED experience – what went on in a day's experience for children and staff; how exactly the staff conceptualized and performed their roles; what was the quality of the relationships and of

program content. We felt these were observations best made by outside observers and consultants. For example, one of the Panel noted that at the time of his visit the roles of the teacher-counselor and the liaison teacher had not been clearly defined. The Project required the development of new roles and role models for both of these positions. The teacher-counselor was to be more of a counselor than the usual special education teacher. Yet as a counselor he was not expected to function as a psychotherapist. The liaison teacher was to function much like a teacher, but in his relationships to the school, the family and other community agencies he was to function somewhat like a social worker.

These problems in role definition presented some major difficulties during the early stages of the Project. Such difficulties were reflected in inconsistencies in the behavior of the staff, some degree of confusion and anxiety on the part of both staff and students, and possibly too much dependence on professional mental health consultants to provide therapy and security for the staff. It was reflected also in an unclear perception of the Project by community agencies and in some opposition to the program by professional groups.

By the third year the new role definitions had been clearly established in the minds and operations of staff and students. The staff had no question about their identification primarily as teachers and their ability to differentiate their roles from those of therapists and social case workers. This resulted in greater confidence and effectiveness of the staff in relation to the children, families, and referring schools and agencies. It also resulted in less need for and more discriminating use of psychiatric and psychological consulta-

tion. Although individual teacher-counselors have somewhat different styles of operation, the program as a whole has become clearly defined so that it is now possible to incorporate student trainees with a minimum of confusion and insecurity. A positive aid in realizing this goal is the very effective system of communication which seems to be a product of the organization of staff teams who work with a specific, small group of children. Apparently part of this payoff is the result of close communication with the child's family and school and other concerned agencies.

Part of the attractiveness and excitement of Re-ED is its direct and open approach to a highly complex and sticky problem. Project Re-ED goes cleanly to the basic problem of children and, more critically, to the problem of emotionally disturbed children: how to contrive an environment which they can challenge, engage, and master. In the mastery of one day, the staff felt, lies the potential for mastery of all days.

Project Re-ED has added a new dimension to education and mental health. It has demonstrated that the key personnel are those who can live and experience with the emotionally disturbed child and who can find ways of building on the child's strengths rather than being discouraged by his lacks or apparent pathologies. It has also demonstrated that such staff can learn to use psychiatric, psychological, and educational consultation to make themselves more effective helpers of emotionally disturbed children.

A key to understanding the work of the Re-ED schools is the concept of ecological planning. This concept emphasizes the interactive quality of children's problems and the social context in which they occur. Problems are seen as a property of an ecological

unit to which a child belongs, including the primary agents of his socialization – family, public school, peer groups, etc. The most fruitful component of a re-education plan is an increase in the child's competence in skills that help him to function in his normal life setting. The plan also includes an attempt to modify other agents in the ecological unit. Alteration of parental expectations or techniques of behavior management, a tutoring program or individual assignments in the regular school, access to a recreation center on weekends or a part-time job might be parts of the total plan. This aspect of the program is, of course, the focus of the role of the liaison teacher. Together with the two teacher-counselors, his task is to find a "better fit" between the child and the rest of his ecological unit by helping make changes not just in the child but in all components of the system.

As the program evolved, a multiplicity of educational and experiential opportunities for ego growth emerged. Both schools have camps nearby where basic problems of living can be confronted. Here the children prepare their own food, erect shelters and sleeping quarters, and get taken up in meaningful and significant tasks. Jousting with nature and risking a small part of self to get a necessary job done offer many opportunities for positive and satisfying behavior.

Physical setting has been crucial in the Nashville and Durham programs – and will be crucial for similar programs being contemplated by other states and communities. The residences should be located in the mainstream of the community so that the flexibility of the facility for staff, consultants, parents and children is maximized. Public transportation must be accessible so that children and parents can come and go with a

minimum of expense and discomfort. When the child is ready to move from full to part-time residential care, there are no mountainous transportation problems. A central location also makes the school within easy reach of most consultants. In addition, it tells families that their children are not being "sent away" or "put away" from home or community as a punishment.

Perhaps much of the success of the Re-ED experiment has been due to high staff morale and devotion. What is also impressive is the ability of staff to take on the operational philosophy and "gung-ho" fervor of the program without becoming cultish or pseudo-religious about it. The teacher-counselors are helped to think through the meaning and goals of Re-ED in a critical, creative, and highly individualistic way. Most seem not at all awed by staff of the elder statesman variety, "sacred" concepts, or the frightening bureaucratic slogan "We do it that way because that's the way it has always been done." The teacher-counselors have also developed sufficient confidence and competence to be effective in using consultation help and in leading consultants to think in Re-ED terms. As teachers, the teacher-counselors have been both imaginative and realistic in the development of school curricula, in teaching the basic skills, and in creating a school climate understood by the children.

The heavy load of work and responsibility placed on the shoulders of the teacher-counselor worried some of the Panel of Visitors in the early days. The stress of being with disturbed children for long periods in a living-teaching relationship day in and day out can wear anyone out rapidly. Periods of rest and relaxation as well as opportunity for learning on the job from university staff or outside consultants are vital to the

mental health and the effectiveness of the teacher-counselor. At Cumberland House and Wright School, university liaison was a very helpful source of status and stimulation. The job of teacher-counselors has been shaped into a manageable and satisfying professional role so that present-day teacher-counselors seem well able to maintain professional zest from year to year.

In the selection of teacher-counselors, personal flexibility is an important criterion. The selection process and the training program have setbacks in that many are lured away by programs offering other advantages, especially higher salaries. It has been demonstrated that teacher-counselors who have not had formal training, if carefully selected, can function effectively with on-the-job training and appropriate supervision. However, the Panel felt that a Re-ED school should always have at least a small cadre of formally trained teacher-counselors available. Re-ED schools could be extremely useful in the training and practicum experiences for special education teachers, psychologists, psychiatrists, pediatricians and other types of mental health workers. When such programs are developed, a block time type of assignment might be utilized rather than the "hit and run" half-day or one-day-a-week involvement. The Panel also suggests that local citizen boards should be involved so that the program and its philosophy could be better shared with the consumers.

Finally, although the Re-ED concept has been implemented by and through state and local mental health departments, the Panel believes that it needs nurturing and support by state departments of education and local school boards. In some states and in

some communities Project Re-ED could well become an extension of the special education program of the state and its schools. Its very purpose and its goals require that mental health and educational agencies learn to share and reinforce each other's functioning on behalf of children.

The Cost

A primary objective of Re-ED was to develop an effective residential treatment program which was relatively economical and which was not at the mercy of high-priced and difficult-to-find professional mental health manpower.

A Re-ED school costs about $25 per child per day to operate. The average length of stay of the children is seven months. The cost per child therefore is about $5000. It is very difficult to compare these costs in any precise way with other types of residential treatment programs. The principal problems in such comparisons lie in determining the comparability of the populations being served and the effectiveness of the programs. Unless both of these factors can be held constant, cost-figures must be evaluated cautiously and conservatively. Nevertheless, one is struck by the relatively low per diem costs of Re-ED as compared with other residential programs, and the relatively shorter period of stay for children so markedly disturbed as the Re-ED population has been.

The relative economy of the program in relation to the manpower problem is more easily evaluated. The period of training required for the key staff is one graduate year; this is half the time required for the training of a social worker and very substantially less than the time required to train clinical psychologists or child psychiatrists. Nor is the consulting time required by the staff from more highly trained mental health workers very great. It is clearly not feasible or desirable to train members of the established mental health professions in sufficient numbers to staff residential schools needed for emotionally disturbed children. Project Re-ED has demonstrated that it is, however, feasible and desirable to draw from the much larger manpower pool of potential teachers and counselors and to train them to carry on an effective residential program for emotionally disturbed children.

The third objective of Project Re-ED was to determine whether a training program could be devised which would produce the personnel required to develop and staff similar programs in other communities. The evidence on this point is, we think, clear. Our impression is based on observations of teacher trainees and on interviews with them at different stages in their training. The training program produces students who have an understanding of learning theories and of their application in the classroom. They have sufficient familiarity with educational materials and teaching methods to function effectively as remedial teachers. They have enough background in developmental psychology to understand and modify the social behavior of children. Possibly, a significant amount of the success of the training program may lie in the careful selection of superior people rather

than in the merits of the training program itself. This point is always difficult to determine. Nevertheless, there is reason to believe that with a normal amount of care in the selection of trainees, a program such as Re-ED's is capable of turning out teacher-counselors who can be effective in a residential program of this sort. It is interesting that in the later years of the project an increasing proportion of the trainees were without prior teaching experience. In the first three years only 6 of the 33 trainees had had no prior teaching experience. In the second three-year period, 13 out of 42 had had no teaching experience prior to enrollment in the project. Unfortunately, it is impossible to estimate the relative effectiveness of trainees with and without prior teaching experience.

Also difficult to estimate is the extent to which these trainees may function effectively outside of the environment of this experimental program. Cumberland House has existed in an academic atmosphere, with the support of a dynamic faculty and with the enthusiasm generated by a pathfinding experiment. Similar residential schools are already developing in school systems, in comprehensive community mental health centers, and in state hospital systems. These settings will involve new relationships and present different problems. If these settings provide an opportunity for the teachers to utilize their training and to maintain the essential educational character of the program, it should prove possible to replicate the results obtained by Re-ED.*

*As noted earlier, there are now several successful replications: Children's Re-Education Center, Tennessee Psychiatric Hospital and Institute, Memphis; Chattanooga Tennessee Re-Education Program, Moccasin Bend State Hospital; and Pine Breeze Adolescent Re-Education Center, Chattanooga.

The Evaluation Research

Systematic evaluation of the effectiveness of the Re-ED program was part of the original design of Project Re-ED and remains a continuing commitment. Data have been collected on each child prior to his enrollment in the Re-ED school, prior to his discharge, and again approximately six and eighteen months after his return to his own home and school. The evaluation has focused heavily on ratings on the child's behavior by his natural evaluators – his parents, teachers and peers.

Ratings by parents and teachers six and eighteen months after the child left Re-ED, compared to similar ratings made prior to Re-ED, indicated improvement on a number of dimensions. After Re-ED, the parents described their children as displaying fewer symptoms, as more socially competent, and as generally less discrepant from expectations. More specifically, the parents saw their children as more relaxed, less aggressive and more dominant than they had been prior to Re-ED. Parents rated about four-fifths of the children moderately or greatly improved (as opposed to worse, the same, or slightly improved) after Re-ED as compared to prior to Re-ED. Re-ED staff and workers at other agencies who referred the children to Re-ED also rated about 80 per cent of the children moderately or greatly improved after Re-ED.

Six and again eighteen months after the children returned to their regular schools, their teachers described them as playing the student role more appropriately, as less disruptive, as harder working, and as having better relationships with their classmates than before Re-ED. Teacher ratings and descriptions of the children were also used to derive global ratings of each child's behavioral and emotional adjustment in

school before the child entered Re-ED and six months after he left; before Re-ED, approximately 75 per cent of the children were rated as having fairly severe or very severe behavioral or emotional problems in school, while after Re-ED approximately 75 per cent of the children were rated as in the normal range or as having mild problems. Using a similar rating scheme for academic adequacy, significant academic improvement was shown only for children at one of the two Re-ED schools. Analyses indicated significant increase in rate of gain in acquisition of academic skills after Re-ED (in the year before Re-ED, the children had gained six months in reading, five in arithmetic; in the year after Re-ED, they gained ten months in reading and in arithmetic – the normal, expected gain), but the children remained behind grade norms. Peer relations, as indexed by sociometric scores, showed improvement six months after Re-ED, but did not hold up eighteen months after Re-ED. Comparisons of results of self-report questionnaires administered to the children indicated that after Re-ED, the children saw themselves as more adequate and less discrepant from their parents' expectations, as less rejected by their parents, and as more in control of the events which befell them.

These data suggest that the Re-ED program results in substantial gains which hold up over time (at least 18 months after discharge). At present, comparable data are being collected on a control group of children who are not receiving special help. The data on these untreated children will provide baselines by which to better evaluate the Re-ED results; they will provide controls, for example, for re-rating effects and for the passage of time.

Project Re-ED has demonstrated that its pattern of corrective approaches to the emotionally disturbed child has a valid and useful place in the spectrum of children's services. A limited period of residential treatment has proved to be feasible, with major benefits when the children have returned to their own communities. In part, the effectiveness of the program is a result of Re-ED's seeking out and working with families, schools, and community agencies through liaison teachers, with the residential school within manageable distance.

The Project Re-ED type of program is not successful with all children and may not be suitable for some severely disturbed children. The present program is accepting on an experimental basis a few young children diagnosed as autistic, but it will be a few years yet before data will be available on their progress. Communities developing Re-ED programs should not count on serving all varieties and degrees of disturbance in this one facility.

Conclusions and Recommendations of Panel of Visitors

The Panel of Visitors of Project Re-ED, having followed the development of the program with due skepticism, growing involvement, and now considerable enthusiasm, has reached the following conclusions: that Project Re-ED represents a conceptually sound, economically feasible, and demonstrably effective approach to helping emotionally disturbed children, including the moderately disturbed and some seriously disturbed; that it does make available an important new source of mental health manpower and extends the effectiveness of highly trained and scarce mental health specialists; that it has developed concepts applicable to other educational and mental health programs for children; and that it has passed the crucial test of professional, public, and legislative scrutiny and acceptance. We therefore recommend the adoption of the Re-ED program as a primary resource for the help of emotionally disturbed children of the Nation.

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